PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification		erwise in Block 1, by (a							
CURRENT CORRESPONDEN	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.								
31013	7590 07/27/	/2009	ſ			-			
KRAMER LEV INTELLECTUAI 1177 AVENUE C	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
NEW YORK, NY 10036				(Depositor's name)					
								(Signature)	
								(Date)	
APPLICATION NO.	ION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRM	CONFIRMATION NO.	
09/765,714	5,714 01/18/2001		Sidney M. Baker	er		059376-00002 1589		 589	
TITLE OF INVENTION: A COMPUTER MAINTA		IOD FOR THE AUTOM	ATED PRESENTATIO	ON OF SYSTEM DA	та то,	AND INTERACTIO	N WITH,		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DA	TEDUE	
nonprovisional	₩o YES	អ អ ទ \$755	\$300	\$0	\$0		\$1840-\$1055 10/27/2009		
EXAMINER		ART UNIT	CLASS-SUBCLASS						
FRENEL, VANEL		3687	705-003000	_					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. [Kramer Levin Naftalis & Frankel LLP 2 Aaron Haleva, Esq						
3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Medigenesis, Please check the appropria	ss an assignee is identi in 37 CFR 3,11. Comp NEE Inc.	fied below, no assignee detion of this form is NOI	data will appear on th I a substitute for filing (B) RESIDENCE: (C Stamford,	e patent. If an assignan assignment. ITY and STATE OR CT 06905	COUNTI	RY)			
4a. The following fee(s) at Sissue Fee Publication Fee (No Advance Order - #	small entity discount p of Copies 10	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0540 (enclose an extra copy of this form).							
 Change in Entity Statu a. Applicant claims 	SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no						
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeeds of the United Sta	uired) will not be accepted tes Patent and Trademark	from anyone other th Office.	an the applicant; a reg	istered at	ttorney or agent; or th	e assignee o	r other party in	
Authorized Signature _	/Aaron Haleva		Date October 23, 2009						
Typed or printed name			Registration No. 44,733						
This collection of informa an application. Confidents submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir Alexandria, Virginia 2231 Under the Paperwork Redu	3-14JU.							TO to process) preparing, and ire to complete ommerce, P.O. P.O. Box 1450,	